

**DEPARTMENT OF LICENSES AND PERMITS**  
**DOG LICENSE APPLICATION**

HARFORD COUNTY CODE, ARTICLE II, "LICENSING" REQUIREMENTS THAT ALL DOGS  
SIX MONTHS OF AGE AND OLDER MUST BE LICENSED

**LICENSES EXPIRE ON JUNE 30<sup>TH</sup> OF EACH YEAR**

**STATE LAW REQUIRES**

**PROOF OF RABIES AT TIME OF APPLICATION**

**(A VALID RABIES CERTIFICATE IS REQUIRED)**

**SENIOR CITIZENS OVER 60:**

Sterilized Dogs: **\$5.00**

Unsterilized Dogs: **\$8.00**

**REGULAR DOG LICENSE FEES:**

Sterilized Dogs **\$ 8.00**

Unsterilized Dogs **\$15.00**

Lost Tag or  
Change of Ownership **\$ 2.00**

\_\_\_\_\_  
Signature (if over 60)

**MAKE CHECKS PAYABLE TO:**  
**SEND PROOF OF RABIES**  
**MAIL TO:**

**HARFORD COUNTY**  
**PERMITS AND LICENSES**  
220 South Main Street  
Bel Air, Maryland 21014  
Attention: Dog Licenses

**OWNER INFORMATION:**

NAME \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

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**DOG INFORMATION: Be Sure To Mail Rabies Certificate with Application**

DOGS NAME: _____	DOGS NAME: _____
BREED: _____ SEX: _____	BREED: _____ SEX: _____
STERILE (Yes or No) _____ COLOR: _____	STERILE (Yes or No) _____ COLOR: _____
BIRTH (MO/YR) _____	BIRTH (MO/YR) _____
RABIES VACCINATION DATES: _____	RABIES VACCINATION DATES: _____
From _____ To _____	From _____ To _____
RABIES TAG #: _____	RABIES TAG #: _____

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DOGS NAME: _____	DOGS NAME: _____
BREED: _____ SEX: _____	BREED: _____ SEX: _____
STERILE (Yes or No) _____ COLOR: _____	STERILE (Yes or No) _____ COLOR: _____
BIRTH (MO/YR) _____	BIRTH (MO/YR) _____
RABIES VACCINATION DATES: _____	RABIES VACCINATION DATES: _____
From _____ To _____	From _____ To _____
RABIES TAG #: _____	RABIES TAG #: _____

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**INFORMATION REFERENCE:**

Dog License .....	410.638.3305
Kennel License.....	410.638.3103
Animal Control .....	410.638.3505